

|                             |                         |              |                        |                              |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------|
| SERIAL NUMBER<br>09/288,238 | FILING DATE<br>04/08/99 | CLASS<br>424 | GROUP ART UNIT<br>1615 | ATTORNEY DOCKET NO.<br>23842 |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------|

APPLICANT

ALAN DRIZEN, ONTARIO, CANADA; GARY M. ROTHBART, BETHESDA, MD.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/796,578 02/06/97 PAT 5,897,880  
 WHICH IS A CIP OF 08/536,750 09/29/95 ABN

DuM

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

DuM Nosm

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

DuM Nosm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 \*\* SMALL ENTITY \*\*

|   |  |                         |                     |                    |                         |
|---|--|-------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Met after Allowance | STATE OR COUNTRY<br>CAX | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>38 | INDEPENDENT CLAIMS<br>7 |
| Verified and Acknowledged                                   | <u>DuM</u><br>Examiner's Initials  | Initials                |                     |                    |                         |
| ADDRESS   | Gary M. Nath, Esq.<br>NATH AND ASSOCIATES<br>SUITE 1030 <del>1030</del> Fifteenth street, N.W.<br>1835 K STREET N.W. Sixth Floor<br>WASHINGTON DC 20006        |                         |                     |                    |                         |

TITLE

TOP DRUG PREPARATIONS

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$698 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|---|

|                             |                         |              |                        |                              |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------|
| SERIAL NUMBER<br>09/288,238 | FILING DATE<br>04/08/99 | CLASS<br>424 | GROUP ART UNIT<br>1617 | ATTORNEY DOCKET NO.<br>23842 |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------|

APPLICANT ALAN DRIZEN, ONTARIO, CANADA; PETER ROTHBART, ONTARIO, CANADA; GARY M. NATH, BETHESDA, MD.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/796,578 02/06/97 PAT 5,897,880  
*RH*  
 WHICH IS A CIP OF 08/536,750 09/29/95 ABN

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*RH* *None*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*RH* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 \*\* SMALL ENTITY \*\*

|   |   |                         |                     |                    |                         |
|---|---|-------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CAX | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>38 | INDEPENDENT CLAIMS<br>7 |
| Verifier and Acknowledged<br><i>RH</i>                      | Examiner's Initials _____ Initials _____  |                         |                     |                    |                         |

|   |
|---|
| ADDRESS<br>N. 4 AND ASSOCIATES<br>SUITE 750<br>1835 K STREET N W<br>WASHINGTON DC 20006 |
|---|

|                                    |
|------------------------------------|
| TITLE<br>TOPICAL DRUG PREPARATIONS |
|------------------------------------|

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$698 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
|------------------------------|---|---|